

**Decriminalization and Decarceration Initiatives in the United States**

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## **I. Introduction.**

The Atlanta City Detention Center (ACDC) in downtown Atlanta, Georgia has the capacity for 1,300 arrestees. Currently, the average daily population of the ACDC is less than 40 people because of Mayor Bottoms' and community-led successful efforts to decriminalize several low-level offenses; launch a pre-arrest diversion initiative; reform municipal cash bail, reduce crime in our city; and end a long-term contract with U.S. Immigration and Customs Enforcement. The Mayor's Office requested a report describing decriminalization efforts in the United States. The intent is to provide the City of Atlanta with further information regarding how other cities, counties, and states are strategizing to reduce arrest and detention. The information contained in this report supports and provides context to the recommendations of the Reimagining ACDC Task Force Policy Workgroup. This report also provides additional strategies that may be of interest to the City of Atlanta in reducing arrests for low-level offenses and the city jail population. The assessment includes programmatic responses to decriminalization, such as corresponding social service programs, how programs are funded, and what factors contribute to the success of the initiatives. Additionally, our research found that there are many strategies outside of legislative decriminalization being used to address many of the issues that frequently result in detainment and incarceration in the United States. Many of these strategies effectively decriminalize certain offenses in practice, by helping individuals address the principal causes of their offense, such as homelessness or substance use disorder. Those decarceration efforts will also be addressed.

The cost of prosecuting and convicting someone for a low-level offense is a significant burden for cities. In some jurisdictions, driving with a suspended license, possession of marijuana, and minors in possession of alcohol cases can make up between 40% to 50% of the misdemeanor caseload (Altman, 2017). One study by the University of Oregon found the cost of prosecuting a misdemeanor was just under \$1,700, not including the cost of any subsequent incarceration (Natapoff, 2015). A low-level arrest and conviction can create significant burdens for defendants, including the loss of employment or employment opportunities, the inability to receive some public and subsidized housing, and/or the inability to obtain some professional licenses (Boruchowitz, 2010). Howell (2009) observes, "collateral consequences associated with even minor arrests have become so pervasive, severe, and long-lasting that they violate norms of proportionality" (p. 275). An important aspect of decriminalization of low-level offenses is that

civil violations generally do not carry many of these collateral consequences, particularly those that do not result in arrest and detainment.

Legitimacy is defined as “a quality possessed by an authority, a law, or an institution that leads others to feel obligated to obey its decisions and directives” (Tyler, 2009, p. 313). According to the procedural justice literature, a person evaluates their experience with the criminal justice system based on their perception of the fairness of the process, even in the case of favorable outcomes, such as dismissals (Tyler, 2009; Howell, 2009). Individuals who perceive the criminal justice procedures as fair are more likely to “accept adverse outcomes and follow unwanted directives” (Bornstein et al., 2013, p. 71). Research has shown that individuals perceive the aggressive enforcement of low-level offenses as “unfair or disrespectful,” and that “decriminalization offers a way of healing these normative erosions” (Natapoff, 2015, p. 1075). As jurisdictions in the United States move away from criminalizing and punishing behaviors associated with low-level offenses, the decision to reevaluate how to address problematic behaviors allows for “re-integrative and non-adversarial solutions that can strengthen rather than undermine social order” (Tyler, 2009, p. 317). Additionally, enforcement of minor offenses, such as misdemeanors, contributes to the racial imbalance of the criminal justice system. Decriminalization, then, may prove a successful route to improve relationships and trust for communities of color (Natapoff, 2015). These strategies to move away from punitive enforcement of low-level offenses have important implications for improving criminal justice system legitimacy.

Diversion programs are a commonly cited strategy to address the “revolving door” of prosecution, incarceration, and recidivism (Collins et al., 2017). Many of the strategies discussed in this report include examples of diversion programs. The general orientation of diversion programs is to reduce the financial and social costs associated with traditional criminal justice processes (Huck & Morris, 2017). Diversion programs can address individuals at any stage in the criminal justice system process, although many programs focus on the reduction of jail days through pre-arrest diversion. The Pre-Arrest Diversion Initiative in Fulton County, for instance, is modeled after the Law Enforcement Assisted Diversion (LEAD) program. The LEAD program was designed in Seattle to allow law enforcement to divert individuals suspected of “low-level drug and prostitution offenses to social and legal services instead of prosecution and incarceration” (Collins et al., 2017, p. 49). LEAD utilizes a harm-reduction model to address criminalized

behaviors. LEAD programs have been successfully implemented in many jurisdictions throughout the country and have received much empirical support. Collins et al. (2017) found that LEAD participants were 60% less likely to be arrested in the six months following program entry. In the longer term, LEAD participants were 58% less likely to be arrested and 39% less likely to be charged with a felony compared to a control group (Collins et al., 2017). Studies of LEAD have also found positive impacts on criminal justice system utilization and associated costs (Collins et al., 2019) and participants' housing, employment and income (Clifasefi et al., 2017). In a study on a municipal court diversion program focused on indigent defendants, Huck and Morris (2017) found program completion was associated with fewer future violations, and that such programs “might have benefits beyond easing the jail incapacitation rate” (p. 874). Some of the diversion strategies analyzed in this report address common issues facing communities, including homelessness and addiction. Other diversion programs focus on decreasing criminal justice system involvement and individual collateral consequences associated with frequently occurring low-level charges, such as driving on a suspended license.

In order to compile this report, our team conducted research between January and May of 2020. First, we conducted a general search to examine and evaluate national-level strategies to decriminalize low-level offenses and reduce jail populations. We also wanted to include cutting-edge efforts happening in several jurisdictions, although these efforts are relatively new to the United States. We include both types of research in this report, with a focus on programs and policies that are applicable to Atlanta. Our research process involved conducting interviews, observational research, and searches of scholarly articles, law reviews, and governmental reports and websites. We conducted several interviews of several judges, administrative personnel, and professors. These interviews were conducted by email and over the phone. Next, we conducted observational research by attending first appearance hearings at the Municipal Court of Atlanta. We took notes of most frequent charges observed, whether detainees were being released, held, or transferred to another jurisdiction, and how the plea and bail process worked. Then we began conducting extensive research into existing programs, policies, and proposals that we found to be relevant to the city jail population. While there are many initiatives taking place nationally, we primarily selected strategies for further research that had more empirical support. We also utilized data from the city jail population presented in the recommendations of the Reimagining ACDC Task Force Policy Workgroup to narrow our focus.

This report is divided in sections based on the criminal justice system process: prevention of criminal justice system contact and arrest, and two post-contact categories, pre-arrest and post-arrest, which occur after law enforcement interaction. Finally, we will discuss programmatic responses to help at-risk individuals avoid contact with the criminal justice system.

## **II. Prevention of arrest and contact with the criminal justice system.**

### **Decriminalization**

Decriminalization is distinct from legalization in that decriminalized conduct continues to be prohibited by law. An example of this distinction can be seen in recent changes to marijuana criminalization in different jurisdictions across the United States. Legalization of conduct means that the behavior is no longer prohibited, and previous associated penalties are completely removed. Legalization frequently provides additional regulations, which may come with penalties, including criminal sanctions, if regulations are not followed. States like Colorado that have legalized marijuana have implemented regulations for businesses who sell the drug and for individuals who possess and use it, not unlike the regulations associated with alcohol. For instance, businesses must receive licensure for retail marijuana dispensaries, and must abide by certain rules, such as those that regulate their hours of operation and how they package their products for customers. Additionally, individuals who possess marijuana may not have open containers of the drug in their cars with them while driving and are prohibited from possessing more than one ounce of marijuana at a time (Marijuana in Colorado, 2020). Legalization of marijuana has occurred primarily through ballot initiatives, but more recently through action by state legislatures (Drug Policy Alliance, 2018).

When conduct is decriminalized, the behavior continues to be prohibited by law, and the previous associated penalties are either completely removed or the severity of the penalties is lowered. Further, there are two types of decriminalization. Full decriminalization occurs when criminal offenses are reclassified as civil offenses (Natapoff, 2015). Marijuana has been reclassified as a civil offense in several jurisdictions in the United States. Partial decriminalization occurs when jail time is removed as a possible sanction, but the conduct remains a criminal offense (Natapoff, 2015). This strategy is common among jurisdictions that have decriminalized marijuana possession, where the only associated penalty is payment of a fine. Partial decriminalization can

lead to difficulties for defendants, because they are stripped of the right to counsel and other procedural protections (Natapoff, 2015). Once the threat of imprisonment is removed from an offense, the right to counsel guaranteed by the Sixth Amendment of the United States Constitution no longer applies. Additionally, fines-only offenses may increase some risks and disparities for indigent defendants (Natapoff, 2015). It should also be made clear that a non-jailable offense can still result in an arrest and incarceration. In certain states, law enforcement is afforded wide discretion to arrest individuals for non-jailable offenses and statutes allow jailtime as a punishment for failing to pay fines (Altman, 2017).

The national trend is moving toward decriminalization of several low-level offenses, particularly marijuana possession and minor traffic violations. States are beginning to either legalize marijuana for medicinal or recreational purposes or decriminalize possession of small amounts of marijuana. Many states allow cannabidiol, or CBD, a chemical compound found in marijuana, to be sold and used openly. Whether civil or criminal procedure is the proper avenue for the enforcement of minor traffic offenses has been a topic of conversation in academic journals and among the public since the 1960s. The conversation is propelled by the assertion that criminal punishments for minor traffic offenses is unreasonable “given their omnipresence and lack of severity” (Altman, 2017, p. 805). Legislators pushed for decriminalization of minor traffic offenses to cut court costs and free up some docket space in municipal courts (Altman, 2017). Woods (2015) found that “since 1970, twenty-two state legislatures have decriminalized minor traffic offenses by removing them from the criminal framework and eliminating the criminal sanctions that once attached to them” (p. 679). Much of this decriminalization occurred prior to the 1990s. The literature reviewed in this area focused on the philosophical and practical shifts that precipitated the decriminalization of traffic offenses, rather than the subsequent effects of decriminalization. For a recent example of decriminalization, we analyzed the decriminalization of psilocybin.

### ***Decriminalization of Psilocybin***

Psilocybin is the psychoactive ingredient in psychedelic mushrooms (Norcia, 2019). Decriminalization of psilocybin represents a cutting-edge initiative taking place in the United States, and because of this, it may be less relevant in its application to Atlanta than other initiatives discussed in this report. This section is unique in that it outlines several examples of

decriminalization but lacks evaluations. The decriminalization of psilocybin is relatively new and there are no published evaluations yet that examine its effects.

The FDA recently deemed psilocybin as breakthrough therapy, which allows for more research to be completed on the drug. There are other recent empirical studies of the possible health benefits from the use of psilocybin (Norcia, 2019). These findings are partially responsible for recent decriminalization efforts. In May of 2019, Denver residents voted in favor of the initiative to decriminalize personal possession of mushrooms by persons over age 21. Not long after, Oakland City Council unanimously passed a similar measure in June of 2019. In both Colorado and California, where these cities are located, recreational use of marijuana had already been legalized, which implies that these states generally might have a more liberal view of drug use and possession than other states. While manufacturing, selling, and possessing psilocybin remains illegal in both cities, enforcement of laws criminalizing psilocybin will be of low priority to law enforcement. The full ordinance from the City of Denver reads: “1) deprioritize, to the greatest extent possible, imposition of criminal penalties on persons twenty-one (21) years of age and older for the personal use and personal possession of psilocybin mushrooms; and 2) prohibit the City and County of Denver from spending resources on imposing criminal penalties on persons twenty-one (21) years of age and older for the personal use and personal possession of psilocybin mushrooms” (City of Denver, Initiative, n.d.). Crimes related to psilocybin already weren’t a huge criminal justice issue for Denver, as “police arrested about 50 people in each of the past three years for sale or possession of mushrooms, and prosecutors pursued only 11 of those cases” (Jackman, 2019).

Oakland’s resolution is broader than Denver’s in that it includes all entheogenic plants, which includes mushrooms and other fungi. The City of Oakland resolution states “city money will not be used to assist in the enforcement of laws imposing criminal penalties for the use and possession of Entheogenic Plants by adults,” and that “investigating people for growing, buying, distributing or possessing the substances ‘shall be amongst the lowest law enforcement priority for the City of Oakland’” (Kennedy, 2019).

### ***Outcomes***

While there is no evidence that psilocybin is addictive or can lead to overdose, there are other concerns related to its use. In particular, some concerns remain that there is a high potential for abuse and it is not safe to consume alone or drive and operate heavy machinery while under its



influence (Jackman, 2019). Due to the fact that Denver and Oakland recently decriminalized psilocybin and are the only cities in the U.S. to do so, there are not yet published evaluations as to the effects of decriminalization. However, City of Denver officials have created a 3-year review panel to evaluate the effects of this new measure. The responsibilities of the panel are as follows: “establish reporting criteria for the Denver Police Department, the Denver Sheriff Department and the Denver City Attorney’s Office to report psilocybin mushroom arrests and prosecutions and submit a comprehensive written report with recommendations to the City Council that will include, but not be limited to, information concerning the public safety, public administration, public health and fiscal impacts of psilocybin mushroom use” (City of Denver, n.d.).

### ***Recommendation***

Although psilocybin possession and use may not contribute significantly to the city jail population, the decriminalization of psilocybin indicates new willingness among cities in the United States to reexamine their relationships with low-level drug enforcement. While this issue may be less relevant to Atlanta, it is likely that more cities will move to decriminalize psilocybin and other substances. There is increasing research that such substances can be beneficial when used in moderation, particularly in therapeutic settings. Research should be done to see how the decriminalization of psilocybin affects Denver and Oakland in terms of drug use, policing, and prosecution. This would also allow the city to look at psilocybin possession and use as a public health issue instead of a criminal one.

### **Limiting Driver’s License Suspensions**

Arrests for driving with a suspended license are frequently cited as a major contributor to misdemeanor caseloads throughout the United States. In particular, driver’s license suspensions for reasons that are unrelated to driving are used by some states to incentivize defendants to appear in court or pay fines (Crozier and Garrett, 2020). In order to address this, several jurisdictions across the country have attempted to divert this population from arrest and prosecution. Others have worked to reduce the number of suspended licenses altogether, with the expectation that fewer suspensions will lead to fewer drivers with suspended licenses on the roads. Individuals who have their licenses suspended face significant burdens, including losing their income, mobility, and their ability to seek employment in certain industries, making it more difficult for them to comply with debts, including court debts (Crozier & Garrett, 2020).

California, Maine, and Washington D.C. have eliminated through legislation the suspension of driver's licenses for failure to comply with fines, fees and other penalties associated with court orders. Missouri, Washington, and Vermont have passed legislation to limit license suspensions for failure to comply and the amount of time a person's license can be suspended for certain offenses. Similar legislation is currently being considered in North Carolina (Crozier & Garrett, 2020). Additionally, legislation disallowing driver's license suspensions for reasons unrelated to driving is currently being considered in New York and Alabama. Similarly, the Governor of Michigan's Task Force on Pretrial Incarceration recommended that the state move to end suspensions for non-driving related reasons to reduce jail admissions and barriers to employment (Michigan Joint Task Force on Jail and Pretrial Incarceration, 2020).

### ***Outcomes***

Driver's license suspensions for reasons unrelated to driving generally do not appear to have a significant benefit to public safety. Drivers who are suspended for reasons unrelated to driving have been found to be far less likely to be involved in a crash, for instance, when compared to drivers whose licenses are suspended for reasons related to driving (Crozier and Garrett, 2020). In fact, there is little difference in terms of driving safety for those driving on a suspended license for non-driving related reasons and drivers whose licenses are not suspended (Gebers & DeYoung, 2002). Additionally, several studies have shown that many people who have their license suspended continue to drive, which diminishes the possible safety benefit of suspending licenses for reasons unrelated to driving (Crozier & Garrett, 2020).

The Durham Expunction and Restoration (DEAR) program in Durham, North Carolina is an example of a city collaborating with the local court, law schools, legal nonprofits, and others to address the issue of driver's license suspensions. The district attorney for Durham utilizes his discretion to dismiss charges for eligible individuals with suspended driver's licenses, while other collaborators of the program assist those individuals with restoration of their licenses, expungements of eligible criminal records, and certificates of relief (Crozier and Garrett, 2020). Since its implementation in late 2018, the program has not been empirically evaluated. As of 2019, the DEAR program has reported filing over 600 petitions for expungement of criminal records, and the dismissal of over 55,000 traffic charges and unpaid traffic tickets (City of Durham, 2019).

Boruchowitz (2010) describes a program by the King County Prosecutor's Office in Washington State which diverts those caught driving on a suspended license from the criminal

justice system by helping them regain their licenses. The office works to establish payment plans of unpaid fines and fees and allow community service or work crew with the City to repay fines. Individuals who entered the diversion program were more than twice as likely to regain the driver's licenses than those who did not. In the program's first year, the County reported filings of driving on a suspended license were reduced by 84%. Additionally, "the court received more than two dollars in benefits for every dollar spent, including increased fine payments received," and the approach "saved approximately \$300,000 in prosecution and public defense costs" (Boruchowitz, 2010, p. 9). The County's program reduced the number of jail days for the charge of driving on a suspended license by 1,330 in its first year (Boruchowitz, 2010).

Crozier and Garrett (2020) conducted the first study using data with county-level and individual-level characteristics of driver's license suspensions. The authors found that driver's license suspensions in North Carolina were associated with poverty and race. The number of white individuals below the poverty line and black individuals both above and below the poverty line in a county was associated with increases in driver's license suspension, particularly for failure to appear. Their findings suggest that people may be failing to appear in court because of factors associated with poverty. Crozier & Garrett (2020) suggest helping indigent defendants with transportation to court proceedings and allowing defendants to pay their fines and fees online, based on their ability to pay. Ensuring that defendants receive their summons to appear in court or notice of driver's license suspension should also reduce citations for driving with a suspended license. Additionally, many of the defendants who struggle to appear in traffic court will also face difficulties with the DMV process for restoring licenses. Therefore, reforms should also include efforts to aid individuals in the restoration of their licenses (Crozier and Garrett, 2020).

### ***Recommendation***

In order to ensure that any programs designed to address driver's license suspensions are effective, more research is needed to fully understand the causes and effects of driver's license suspensions. In particular, an analysis of the causes of driver's license suspensions in the state of Georgia and which communities are impacted the most by suspensions is recommended. Differences by race, neighborhood, and income level will contribute to this understanding. Additionally, more investigation is warranted to understand the larger impact a suspended driver's license might have on an individual's life, and what factors affect an individual's decision to continue or forego driving after their license has been suspended, including whether or not they

received notice of their license suspension. Assessments of relicensing and other diversion programs should include costs and savings associated with program implementation and diversion from traditional arrest and prosecution. The numbers of diverted individuals, and any changes in arrests, filings, and prosecutions for driving on a suspended license should be tracked and analyzed. Although current research establishes that there is little public safety benefit to suspending licenses for reasons unrelated to driving, the community would likely benefit from an understanding of the impact of such programs on driving safety.

### **Reducing Failure to Appear Warrants**

Reducing failure to appear warrants will affect the rate of arrests and number of jail stays in two distinct ways. First, warrants issued following a defendant's failure to appear in court may result in arrest. Second, failing to appear for a court date may also result in a driver's license suspension, which may lead to arrest through the charge of driving on a suspended license. Individuals who fail to appear in court and subsequently have their driver's license suspended may be more likely to continue driving than others who have had their license suspended for other reasons, because if they did not receive notice of their court date, they also may not have received notice of their driver's license suspension. This may happen when the court has an incorrect address on file for the defendant, if the defendant utilizes a family address for official purposes, or if the defendant does not have a permanent address (Crozier & Garrett, 2020; Bornstein et al., 2013). In California, more driver's licenses are suspended for failure to appear than for DUI's or any other driving-related reason (Gebers & DeYoung, 2002).

There are various reasons a person might fail to appear in court. While some individuals may fail to appear because they are deliberately avoiding their court obligation, others may be unable to afford the fines associated with their charges, be unable to take time off work or find childcare for their children, or may not have access to transportation to get to and from their court date (Crozier & Garrett, 2020). Additionally, it is unknown how many defendants fail to appear because the address on their file is incorrect, and they don't receive the notice of their court obligation (Bornstein et al., 2013; Crozier & Garrett, 2020). Rates of failure to appear are much higher among people of color when compared to their white counterparts. The most common explanation for this in the literature is related to criminal justice system legitimacy and its effect on compliance. People of color generally have more mistrust and less confidence in the courts and

the criminal justice system (Crozier & Garrett, 2020). This may lead to individuals believing the criminal justice system is unfair or discriminatory, which makes them less likely to comply with its requests or punishments (Natapoff, 2015; Bornstein et al., 2013).

Jurisdictions across the United States have taken action to reduce their failure to appear rates. Many report significant reductions in the rates of failure to appear, and a subsequent reduction in labor and financial savings. Additionally, evidence suggests that the benefits associated with the reduction in failure to appear rates disproportionately affect communities of color, which may help address the racial imbalances of the criminal justice system (Bornstein et al., 2013). These benefits may have implications for perceptions of procedural justice and criminal justice system legitimacy, which, in turn, will increase compliance and court appearance rates.

### ***Outcomes***

Evidence suggests that reminding defendants of court dates can have a dramatic effect on the rates of failure to appear, as can amending court and law enforcement paperwork to include procedures and sanctions associated with failing to appear in court (Howat et al., 2016). Multnomah County, Oregon implemented a program where defendants were called to notify them of their court dates. These calls were automated and did not require additional manpower or significant costs to implement. During the first 8 months, these calls resulted in 300 fewer failure to appear warrants, which saved the county approximately \$1 million (Howat et al., 2016). During this time, their failure to appear rate went down by over 10%. Howat et al. (2016) examined a program from the Lafayette Parish Sheriff's office, where Information Officers with the department were trained to call defendants and notify them of their court dates between 5 and 9 days prior to their court appearance. Following the implementation of the program, rates of court appearance for pretrial and trial misdemeanor court proceedings increased by 16%. Although this program required more of a time investment than automated calls, the Sheriff's office trained current employees to avoid unnecessary costs (Howat et al., 2016).

Bornstein et al. (2013) conducted a study to examine the effect of different kinds of written reminders on failure to appear rates for misdemeanor defendants. Defendants were randomly assigned to receive no reminder, or the control group; reminder-only, or a basic reminder of the court date; reminder-sanctions, which included the sanctions associated with failing to appear in court; and reminder-combined, which included information about obligations and sanctions, and emphasized conditions related to procedural justice, such as dignity, respect, and public interest

(Bornstein et al., 2013). Interestingly, while all reminders produced a significant reduction in the rates of failure to appear, the most effective reminders were those that included information on sanctions. Including aspects of procedural justice did not include additional benefits. The study also found that individuals with more trust and confidence in the criminal justice system were more likely to appear in court and observed differences by race, where Black defendants had significantly less trust and confidence in the Court and other governmental institutions compared to White defendants (Bornstein et al., 2013). Importantly, this study did not include defendants whose mail was returned due to an incorrect address, which might have a significant factor in understanding which defendants fail to appear in court.

### ***Recommendation***

Reducing failure to appear rates has a public safety benefit in ensuring defendants attend court proceedings. Additional research is necessary in evaluating best practices for failure to appear rates, and the impacts that reducing failure to appear rates might have on public safety, jail populations, and communities and individuals impacted by the criminal justice system. In order to ensure that programs appropriately address the reasons that individuals fail to appear in court, a study of the current landscape and reasons given for failing to appear in court is warranted. Evaluations of programs intended to reduce failure to appear rates should examine disparities in failure to appear based on race, neighborhood, and income level, collateral consequences stemming from failing to appear in court, such as warrant issuance and driver's license suspensions, and any observed changes in failure to appear rates. An analysis should include the costs and benefits associated with program implementation, observed differences in enforcement and penalties, as well as differences in collateral consequences and individual outcomes.

### **Addressing Homelessness**

Homelessness remains a prevalent, pervasive public health issue in the United States despite years of legal and policy interventions offering short-and long-term solutions (Hodge et al., 2017). The public views homelessness and crime as interconnected (Aykanian & Lee, 2016). This makes it harder to garner support for policies that address homelessness, because behaviors of individuals experiencing homelessness are viewed as having criminal intent. Weiser et al. (2009) found that experiencing a recent episode of homelessness is associated with incarceration, and recent homelessness is more common among those who are incarcerated than the general

population. Homeless populations have become targets nationally for interventions that can be discriminatory or degrading, raising complicated issues at the intersection of protecting community health and respecting individual rights (Hodge et al., 2017).

Although the traditional view of the criminal justice system is that its purpose is to identify and punish individuals who cause harm against others, it can also be used to control the behavior of certain groups of people, including those experiencing homelessness (Aykanian and Lee, 2016). Due to their use of public space, any behavior exhibited by individuals experiencing homelessness that is deemed an offense is more likely to be witnessed by police or other people, making them targets for criminal justice system enforcement. In a national study of prison inmates in 2004, nine percent had experienced at least one episode of homelessness during the year prior to their incarceration (Greenberg and Rosenheck, 2008). Fitzpatrick and Myrstrom (2011) found that those experiencing homelessness are often incarcerated for low-level crimes and behavior deemed offensive. Policies that criminalize the behaviors of individuals experiencing homelessness can lead them to accumulate a high number of arrests and convictions for victimless offenses, like violation of open container laws, jaywalking, loitering, begging, camping without a permit, and citations for other quality of life crimes (Hodge et al., 2017; San Francisco Financial Justice Project, 2018). Begging and camping without a permit are two common ordinances those experiencing homelessness can be in violation of, but when shelters are full and soup halls are closed or overburdened, these actions are required for their continued survival. These crimes can land a person experiencing homelessness in jail, where they may remain for a number of days due to their inability to pay the fines associated with the charges, or their inability to post bail. It has been noted that incarcerating individuals experiencing homelessness costs communities up to two to three times more than providing long-term supportive housing (Hodge et al., 2017). Therefore, while relying on the criminal justice system to manage homeless populations is a common reaction to the perceived threats associated with homelessness (Amster, 2008; Smith, 1996), such policies are financially ineffective.

Criminal records hinder the ability of individuals experiencing homelessness to access transitional housing and future job opportunities (Hodge et al., 2017). For example, those experiencing homelessness keep their possessions with them to be sure that their items are safe. They also settle in places where they feel safe and comfortable, which sometimes includes in front of stores or other busy areas. This sometimes leads businesses to ask law enforcement to perform

sweeps to move individuals experiencing homelessness away from their stores. These enforcement measures frequently result in the destruction of persons' personal property, including private documents and medications, but do not typically result in housing placements (Hodge et al., 2017). It seems when there is nowhere else for those who are experiencing homelessness to go, jail is their only option. While some of the acts they do are criminal offenses by law, arrest and jailtime rarely allow individuals experiencing homelessness to address the causes of these behaviors. If some of their basic needs could be met through other policies and programs, there may no longer be a need for criminal justice system involvement. Other barriers and problems faced by individuals experiencing homelessness should be examined as public health issues, particularly those concerning their healthcare.

Individuals experiencing homelessness may experience new health concerns or may be dealing with pre-existing health issues. Additionally, some individuals could be facing mental health or problematic substance use issues, which could contribute to their difficulty securing and maintaining housing. One driver of high hospital and emergency room utilization is the lack of health insurance and access to basic health services among individuals experiencing homelessness (Hodge et al., 2017). Individuals who are experiencing homelessness are also far more likely than the general population to have chronic medical illnesses and complications from these illnesses because of the lack of regular medical treatment for those illnesses (Srebnik et al., 2013). In order to combat this, some states have opted to expand their Medicaid programs, increasing the number of treatment options available to individuals experiencing homelessness and helping community-based safety-net providers deliver services (Hodge et al., 2017). For additional states who choose to expand their Medicaid programs to benefit individuals experiencing homelessness, it is suggested that they include optional benefits, ensure adequate provider networks, and seek higher reimbursements to the provider (Hodge et al., 2017).

In an effort to address homelessness, social workers are among the people advocating for the creation of facilities for people experiencing homelessness to conduct basic quality of life behaviors (Aykanian & Lee, 2016). For example, Portland built solar-powered restrooms and Miami provided an outdoor pavilion where individuals experiencing homelessness can access transitional shelter and services until they request indoor shelter and services (Aykanian & Lee, 2016). A few cities have also created free storage options for people experiencing homelessness, so they have a place to keep their belongings (Kendall, 2010). These solutions help keep



individuals experiencing homelessness out of the criminal justice system, additionally taking some of the burden off police departments who traditionally enforce the associated low-level offenses. It is also suggested that more treatment courts are created to help divert individuals experiencing homelessness from the criminal justice system, and that permanent housing is prioritized over transitional housing. Additionally, laws criminalizing life-sustaining behaviors, such as urinating in public, sleeping in public, and using public space to store private property, should be considered for decriminalization. The Reimagining ACDC Task Force Policy Workgroup recommends the conversion of city ordinances related to public park rules and other public space violations to civil offenses. The Policy Workgroup additionally recommends the repeal of the ordinance regarding open containers on a sidewalk. These offenses are commonly cited as a common contact point between individuals experiencing homelessness and the criminal justice system. Community support for homelessness assistance, such as safe day centers for persons to access when overnight or emergency shelters are typically closed, should be constructed (Hodge et al., 2017). These centers could provide laundry, showers, and meals, as well as health care and housing provider information (Hodge et al., 2017).

### ***Recommendation***

Similar to most other states, Georgia has a growing homeless population. According to Georgia's balance of state continuum of care, 4,183 people were identified as being homeless as defined by the U.S. Department of Housing and Urban Development (HUD), a 13% increase from 2017 (Georgia Department of Community Affairs, 2019). To better serve this community, Georgia has adopted a continuum of care plan with a long-term goal of ending homelessness. The plan falls in line with what prior research suggests should be done to help people who are experiencing homelessness. While Georgia has a plan to end homelessness, we must be mindful that some people feel safer on the streets. Implementing some of the ideas discussed in this section, such as providing housing options and decriminalizing natural behaviors exhibited by individuals experiencing homelessness could benefit individuals and the city. Where at first jail seemed like the only option, some of these solutions will divert individuals who are experiencing homelessness away from the criminal justice system. By redirecting them to the services and care they need, the goal will be to keep them out of the criminal justice system. Additionally, other solutions addressed in this report may apply to those who are experiencing homelessness.

There have been promising results among strategies to address homelessness, but many efforts have been largely insufficient. Communities want to see more actions taken to assist individuals experiencing homelessness, but sometimes there are not enough resources available to accommodate them. Before trying to implement some of these strategies in Atlanta, the population of individuals experiencing homelessness should be examined to determine how the City can provide resources that will best serve them. These strategies should be practical for those who are ready to move into an affordable home and for those who are still looking for affordable homes. Increasing the number of shelters and other temporary housing, including providing transportation to get there, should be considered. This is a community issue, so a response involving community organizations, many of whom are already involved in this type of work, can help in creating working solutions. These organizations work with this population daily and should be able to give insight into the different services their clients need. The organizations also may have implemented their own solutions that could be effective in helping those experiencing homelessness. Partnering with them could help to alleviate concerns about the use of City resources, expand the number of ideas and plans in place to help individuals experiencing homelessness, and help to foster dialogue between this population and the communities they are a part of. Regardless of the path chosen to address homelessness, the interventions must be carefully crafted to chart solutions that are politically viable, cost-effective, and constitutionally sound (Hodge et al., 2017).

### **III. Pre-arrest.**

#### **Citation in lieu of arrest**

According to the National Conference of State Legislatures, a citation is “a written order, in lieu of a warrantless arrest, that is issued by a law enforcement officer or other authorized official, requiring a person to appear in a designated court or government office at a specified time and date” (as cited in International Association of Chiefs of Police, 2016a, p. 4). The practice has many different names depending on the jurisdiction, but is commonly called citation or summons in lieu of arrest, field release or citation, desk appearance tickets, or cite and release (International Association of Chiefs of Police, 2016a). Issuing a citation in lieu of arrest is most commonly seen for non-serious traffic violations and more recently for simple marijuana possession, but many jurisdictions in the United States have widened the possible offenses for which citations can be

issued. This essentially gives law enforcement officers more discretion, allowing them to determine whether or not an arrest is necessary. Approximately 87% of law enforcement agencies practiced citation in lieu of arrest, and 80% of those agencies used citation in lieu of arrest for ten years or more (International Association of Chiefs of Police, 2016b). Ten states have a legislative presumption for citations rather than arrest for certain crimes under certain circumstances, including California, Maryland, Minnesota, Tennessee, and South Carolina. Some states, cities, or law enforcement agencies require that officers record a reason that an individual is arrested rather than cited (International Association of Chiefs of Police, 2016a).

The potential benefits of citation in lieu of arrest include substantial reductions in the amount of time officers spend enforcing low-level offenses, which leave them more time to be available and patrolling in the event of more serious offenses; reduction in the use of jails, which no longer have to process, book, or house low-level offenders; and reduction in the use of courts, which no longer have to approve pretrial release for individuals accused of low-level offenses (Perbix, 2013; International Association of Chiefs of Police, 2016a). Another benefit is a reduction in pretrial detention based on low-risk defendants' ability to pay (Vaske & Smith, 2019). This concern is relevant even for jurisdictions that have implemented bail reform, as many individuals accused of low-level offenses are incarcerated awaiting their first appearance. Others cite the practice can "show law enforcement's commitment to the preservation of individual rights, and interest in the well-being of the community" during a time when the practices of law enforcement agencies are the subject of public scrutiny (International Association of Chiefs of Police, 2016, p. 4). Such programs need to be carefully designed and implemented to ensure that the target population is addressed by policy changes. Baumer and Adams (2006) analyzed a citation in lieu of arrest policy and found that its anticipated effects were overestimated due to design and implementation. Certain restrictions reduced the numbers of cases eligible for citations, including individuals with outstanding warrants or who were charged with an additional arrestable offense. Their initial analysis also did not take into account that citations were being utilized by officers in 25.4% of eligible cases prior to program implementation (Baumer & Adams, 2006). Because of this, there was an overestimation of the population that would benefit from the citation in lieu of arrest policy. The authors assert these challenges could have been addressed through careful analysis and planning prior to policy implementation, and that changes did occur in a positive

direction. They noted 80% law enforcement compliance with the new policy, and that the number of eligible cases that resulted in arrest and booking fell by 29.6% (Baumer & Adams, 2006).

Potential costs associated with implementing programs for citation in lieu of arrest include difficulties in maintaining complete and accurate criminal history records. This concern varies widely by department and by the specifics of the citation policy. Law enforcement agencies frequently use different methods and programs to collect information on arrests. In many states, fingerprinting during the booking process attaches the arrest to the person's record, for example (Perbix, 2013). When the offenses officers are issuing a citation for have been converted to civil offenses, which typically do not create criminal records, this concern is not as pressing as it may be for criminal citations. Some officers cite concerns about their relative safety when issuing a citation as opposed to effecting an arrest. In particular, when third parties interfere and crowds gather in interactions between officers and individuals who commit an offense where citation is an option, officers assert that arrests allow them to more quickly leave the scene. However, there has been no empirical evaluation as to the dangers faced by officers in issuing a citation compared to making an arrest (International Association of Police, 2016a). Increased rates of failure to appear is also often cited as a possible consequence of utilizing citations in lieu of arrest (Perbix, 2013; International Association of Police, 2016a). Concerns relating to program implementation, training, and collaboration between justice agencies may hinder the utilization and benefits of citation in lieu of arrest programs (International Association of Police, 2016a). Additionally, other relevant concerns include how the use of discretion by law enforcement officers might impact communities of color, and whether simplifying the process of issuing citations rather than arrests might effectively "widen the net" and bring more individuals into the criminal justice system that might have been given warnings before (International Association of Police, 2016a).

### ***Outcomes***

Much of the recent evidence suggests that utilizing citation in lieu of arrest saves law enforcement a significant amount of time. A 2005 study of officers in Gwinnett County, Georgia found that issuing a citation rather than an arrest saved the officer 72 minutes per arrest, on average. Field citations took an average of 35 minutes, compared to custodial arrests at 107 minutes (International Association of Police, 2016a). However, variation in arrest procedures may change the expected time savings associated with using citations. Additionally, the bulk of the research on time savings for citations as opposed to arrests was completed in the 1970s, prior to the

proliferation of technology, which likely has affected the amount of time it takes an officer to arrest someone. Cost savings are also directly related to current arrest procedures within the department and the type of citation program implemented (International Association of Police, 2016a). A 1995 study of failure to appear rates in Charlotte, North Carolina estimated a cost savings of just over \$100 per citation in lieu of arrest (International Association of Police, 2016a). More recently, in 2011, a study conducted by Florida TaxWatch estimated the cost savings of the implementation of civil citation programs between \$44 million and \$139 million annually for the state taxpayers (International Association of Police, 2016a).

Failure to appear rates vary year to year, which makes it difficult to assess whether changes in failure to appear rates are related to reforms (International Association of Police, 2016a). Veske and Smith (2019) evaluated the first nine months of a pilot project at one judicial district in North Carolina. The program was the result of a collaboration between local judges, magistrates, clerks of court, the district attorney's office, defense attorneys, and law enforcement. In addition to reforms to pretrial release and proceedings, the district increased the use of summons and citations in lieu of arrest. The authors analyzed failure to appear rates by county in North Carolina. They found that Jackson County's failure to appear rate increased by 2.57 percentage points, and Haywood County's failure to appear rate increased by 1.41 percentage points (Veske & Smith, 2019). However, in an analysis of a random sample of misdemeanor defendants, those who were issued a citation were not more likely to fail to appear in court. They were also not more likely to commit a new crime prior to resolving their charges. This finding suggests that differences in observed failure to appear rates and new criminal offenses are "due to chance alone and do not reflect statistically meaningful differences" (Veske & Smith, 2019).

In June of 2017, the City of New York implemented reforms known collectively as the Criminal Justice Reform Act (CJRA). Among other things, the CJRA created a presumption for civil summons for five offenses: the public consumption of alcohol, public urination, littering, unreasonable noise, and park rules offenses. These five offenses were responsible for just over 50% of criminal summons in the court's docket (Tomascak, 2020). The reforms continued to allow officers to issue criminal citations for these offenses, offering exclusionary criteria such as being on parole or probation or have three or more unanswered civil summonses in the last eight years. The intention of the reform was to mediate the collateral consequences associated with low-level offenses. Importantly, it also alleviated financial burdens by allowing community service for those

who were unable to pay the associated fines (Tomascak, 2020). Tomascak et al. (2020) analyzed the results for the first 18 months following the implementation of the CJRA. Law enforcement issue civil summons rather than criminal in 87% of eligible cases. They found a 94% decline in criminal summons issued and a 93% decline in warrants for failures to appear in court for the five offenses, which according to their projections, resulted in over 100,000 fewer criminal summons and nearly 60,000 fewer warrants. Interestingly, the failure to appear rate for New York City varied little between criminal and civil citations after the implementation of the CJRA, even though civil citations did not retain the possibility of the issuance of a warrant. Failure to appear rates also did not change significantly following the CJRA for either criminal or civil summonses (Tomascak et al., 2020). A likely contributing factor was the availability of resolving the civil summons without court appearances, through paying the associated fines online, by mail, or by phone. Approximately 37% of civil summons for the five offenses were resolved prior to a court date (Tomascak et al., 2020).

### ***Recommendation***

Much of the empirical research on citations in lieu of arrest occurred in the 1970s and 1980s. The implementation of a widening array of offenses available for citation in lieu of arrest is fairly recent for many jurisdictions in the United States, and as a result, further evaluation is needed to better understand the nature of the risks and benefits involved with implementation. Additionally, conscientious planning and design is necessary to ensure reforms address the target population. However, there is enough evidence to suggest that implementation of such a program could reduce jail populations without a large risk to public safety. According to the Reimagining ACDC Task Force Policy Workgroup progress report, several of the offenses addressed by the CJRA contribute to the city jail population. These offenses, as well as others identified as primarily contributing to the city jail population, may be considered for citation in lieu of arrest. Careful design and implementation of such a program should ensure that citations do not overburden individuals experiencing homelessness or other individuals who may have difficulty complying with fines.

## **IV. Post-arrest.**

### **Problem-Solving Courts**

Since the 1980s, states have incorporated “specialty” courts in their local jurisdictions. These courts can intervene pre-adjudication, post-adjudication, and some courts can also drop or reduce charges (Canada et al., 2019). Each court is set up to fit their specific community and requires the offenders to voluntarily agree to be moved to the specialty court. Common specialty courts include drug courts, mental health courts, and community courts. Drug courts successfully departed from traditional court operations by narrowing their focus to the treatment of drug problems and the conduct that tends to flow from addiction (Thompson, 2002). The concept combines substance abuse treatment and the authority and structure of the court system to provide an alternative to the revolving door of continued incarceration for this population (Norman et al., 2015). The hope is that offenders in drug court will get help for their substance dependence, in lieu of jail time, and permanently exit involvement with the criminal justice system. Drawing on classic behavioral modification techniques, the judge in a drug court applies a system of graduated sanctions and incentives. This may include community service, more frequent court appearances, or several days in jail for noncompliance; or verbal praise, journals, or gift certificates for progress (Rempel et al., 2012).

Mental health courts focus on offenders with mental health issues. Ditton (1999) found that people with mental illnesses are more likely to be unable to post bail and wait longer for adjudication of their cases. Due to this disparity, cities have incorporated mental health courts into their circuits (Canada et al., 2019). These courts are a joint effort from the criminal justice system, mental health, and substance abuse agencies to deal with offenders with mental illness or other mental health issues. The eligibility criteria for participation in mental health courts are very specific. Most courts require the offender to have a diagnosed serious mental illness (SMI-Axis I) that factored into the crime the offender is charged with (Blau, 2007). In this model, court engagement in treatment is a condition of participation and rewards and sanctions are used to facilitate compliance, along with regularly scheduled status hearings (Canada et al., 2019).

Community courts deal with “victimless crimes,” such as littering, graffiti, and public drunkenness, that jeopardize the wellbeing of residents, businesses, and visitors of an area (Zozula, 2018). Community courts seek to fix problems in the courts by developing legal forums that are more unique to the community being served. They accomplish this in three distinct ways. First, families and individuals with multiple legal problems are coordinated, and ideally, unified

throughout the court process (Fagan & Malkin, 2003). This is typically done by putting the courts' separate entities in one working location, where each individual entity can work together on a client's case, giving each case more individualized attention. Second, the courts are placed in the communities they are trying to serve (Fagan & Malkin, 2003). Lastly, these justice centers bring the courts and their service adjuncts into a community with limited access to both public and private services (Fagan & Malkin, 2003).

### ***Outcomes***

Research has shown that, on average, those who participate in Mental Health Courts recidivate less than before entering the courts and as compared to matched samples (Canada et al., 2019). They also found that recidivism was higher among those who were terminated from the program (Canada et al., 2019). Burns et al. (2013) found that 25% of mental health court graduates were rearrested compared with 91% of people who were terminated from a rural mental health court. In general, results look promising for graduates of mental health courts, but for individuals who do not complete the adjudication of their crimes through mental health courts, recidivism remains high (Canada et al., 2019).

Norman et al. (2015) conducted a study on a drug court program run in Tennessee. The majority of individuals who completed and graduated from the two-year-program, 61.7 percent, were not convicted of any new offenses (Norman et al., 2015). This aligns with claims that drug courts can significantly reduce recidivism. However, this study did not include the recidivism rates of non-participants for comparison, which makes it difficult to assess the relative impact of the program. Rempel and his colleagues (2012) evaluated drug court programs across the country, including the drug court in Atlanta, and found that at 18 months, oral swab tests showed 29 percent of drug court participants tested positive for drug use, while 46 percent of non-drug court participants tested positive. Drug courts also have the ability to save communities money. In addition to savings on reduced probation costs and recidivism, costs have been calculated to include reduced spending on child welfare, public health care, food stamps, increased tax payments and reduced mental health and substance abuse treatment costs, with found savings of \$2,600 to \$13,000 per participant (Norman et al., 2015).

There are ten essential elements of any treatment court that include upfront collaborative planning and administration of courts, defining the target population, timely identification of participants and linkage to services, clear terms of participation with informed choice, adequate



treatment supports and services that are grounded in evidence, the composition and functioning of the court team, monitoring and confidentiality, and sustainability (Thompson et al., 2007). Some treatment courts include all ten of the essential elements and some do not. Therefore, it is important that similar courts be evaluated with each other in order to better understand the effectiveness of these courts. In general, treatment court evaluations should focus on determining if these offenders are returning to criminal activity. This can be done by looking at recidivism in terms of new arrests, convictions, or incarceration within the 2 to 5-year period following program entry. If re-arrest data is being used, then it is suggested to look at this data 3 years after program entry (NADCP, 2015). Treatment court evaluations should address the fundamental goal of reducing the rates at which offenders with substance use problems return to criminal activity. To what extent do participants experience new arrests, violations, convictions, and incarceration following program exit (Rodi, Zil, & Carey, 2018)? When evaluations are complete, it is advised to share this information with stakeholders in the system. Reporting and disseminating activities are critical for garnering community and political support to sustain and expand successful policies and practices (Rodi, Zil, & Carey, 2018). In summary, evaluating the program process and outcomes is associated with significantly better outcomes (Carey et al., 2008, 2012) and should be a regular part of treatment court operations (NADCP, 2015).

### ***Recommendation***

Fulton County has a drug and mental health court, within Fulton County's Superior Court, and serves all of Fulton County. This court, however, adjudicates felony cases only. Fulton County also has a community court which services the Fulton Industrial Boulevard community. For specialty courts that are currently in place, more research is needed to understand why people fail to complete these programs, and what measures may be effective in ensuring program completion. Additionally, the recidivism rates of program graduates should be compared with similar offenders outside of specialty courts to better understand the effect that the specialty court might have. There also seems to be a lack of demographic information for those who do and do not graduate the specialty court programs. More research is needed to examine and explore the utility of the essential elements and whether they individually or collectively contribute to participant outcomes (Canada, Barrenger, & Ray, 2019). There needs to be more exploration on which offender group, county or state level offenders, really benefit from going to this type of court (Canada, Barrenger, & Ray, 2019). This includes gathering state-level data on the cost and benefits of these courts to

truly determine any savings. There also needs to be more empirical research in regard to community courts and their impact on community crime rates.

## **V. Programmatic responses for at-risk populations.**

### **Sobering Centers**

For the purpose of this report, sobering centers will be defined as a facility where actively alcohol-intoxicated clients can safely recover from acute intoxication (Warren et al., 2016). Prior to sobering center creation, those with acute intoxication were being treated in the local emergency room or booked into jail. Multiple emergency department visits for simple alcohol intoxication is an expensive and potentially inappropriate use of resources for those without acute medical complaints (Croll, 2018). The same is true for those booked on public intoxication charges. Traditionally, people who were booked for public intoxication remained in jail until they became sober (Jarvis et al., 2019). This use of jail space contributes to an already overcrowded system. Sobering centers have emerged as an alternative to hospitals and jails in many communities as a safe care site for those with alcohol intoxication (Warren et al., 2016). There are approximately two dozen sobering programs in existence in the United States, and more internationally (Smith-Bernardin et al., 2017).

Each center is specifically tailored to support their local communities, which means there is no standard definition of a sobering center. This makes it hard to distinguish them from other established interventions for individuals with alcohol disorders, including facilities that provide detoxification and rehabilitation (Warren et al., 2016). There is no predetermined length of stay for sobering center visitors, but visits are generally short, with many lasting less than twelve hours. The average stay is six to eight hours (Smith-Bernardin et al., 2012; Croll, 2018; Smith-Bernardin et al., 2019). During their stay, patients are monitored closely for any medical issues or complications. The accommodations provided by each center varies and can range from space on the floor, chairs, benches, personal mats, or individual beds (Warren et al., 2016). The options for care also vary by center. For example, San Francisco's sobering center offers its patients oral fluids and electrolytes, a meal, shower facilities, and clean clothing (Smith-Bernardin & Schneidermann, 2012).

Warren (2016) investigated the practices and patterns of sobering centers in the United States. Their study used the same definition of sobering centers as the one utilized in this report.

The authors discovered some shared characteristics between the centers. In particular, all sobering centers that participated in their survey are open 24 hours a day, seven days a week, and accept adults aged 18 years or older. They are free of charge for the patient, accept drop-offs and referrals from police services, and have a basic triage process to determine who can be admitted (Warren et al., 2016). Participation in every sobering center is on a voluntary basis. Overall, the centers function the same, but they did have some minor differences in policies and program purposes.

The first notable difference was how each center is staffed. Care provided to the sobering center patients varied and was largely dependent upon the level of staffing (Warren et al., 2016). Warren et al. (2016) found that some sobering centers have no medical staffing. These sites provided a safe place for the patients to become sober, with observation by their staff. Other centers provided some type of medical or nursing staff, like the San Francisco Sobering Center. In this center, the services are provided by registered nurses and medical assistant staff using standardized procedures, including continuous and periodic electronic vital sign monitoring, oral rehydration of water and electrolyte solution, meals, activity of daily living support, basic wound care, and vitamin supplements (Smith-Bernardin et al., 2019). Houston's Recovery Center is primarily staffed by state-certified peer recovery support specialists, along with a few psychiatric technicians to manage behavioral issues (Jarvis et al., 2019). Peer recovery specialists are previous addicts who have achieved sobriety for two or more years. These specialists use their own personal experiences to connect with sobering center patients and encourage them to enroll in treatment. Their discussions also help to identify the client's substance use pattern and their readiness for change (Jarvis et al., 2019). The medical experience of the staff also played a role in the development of the triage process.

Due to the nature of sobering centers, the triage and selection of who is an appropriate candidate is an important part of sobering center operations (Warren et al., 2016). As mentioned earlier, all sobering centers accept clients from police officers, but other centers also accept clients from EMS services, emergency departments, outreach programs, specialty courts, and walk-ins. The San Francisco Sobering Center differs from others nationally in that it is the only known sobering program currently accepting clients from the 9-1-1 ambulance system (Smith-Bernardin et al., 2017). The priority in patient admission varies with the capacity and goal of each center. To ensure the center was the best option for the patient, sobering centers have created a triage checklist. Please see Appendix A for an example of a triage checklist utilized by a sobering center.

Sobering centers often received input from local emergency medical staff and other sobering centers when developing their own triage checklist (Warren et al., 2016). The admission requirements varied by what the center was allowed and able to treat. At Houston's sobering center, individuals can be impaired on alcohol or other drugs with the exception of synthetic cathinones, bath salts, or phencyclidine, PCP (Jarvis et al., 2019). Another factor in checklist creation was the medical level of the staff who would be performing the admission checklist. Warren et al. (2016) found that centers with non-medically trained staff tended to do an informal assessment without vital signs and other centers used triage checklists completed by EMS or outreach personnel. If the patient met all the requirements for their respective sobering center, then they would be admitted. Those who did not meet the requirements were generally sent to the emergency room. In some centers, like Houston's sobering center, the patients could also be triaged to jail or an emergency psychiatric hospital. Unfortunately, no examples of the criteria used to triage someone to jail or the emergency psychiatric hospital were provided. It is important to note that no checklist used has been externally validated or recognized by a national organization as safe practices (Warren et al., 2016).

Each center also created its own discharge practice. Most centers have partnerships with other outside resources like rehabilitation programs, transitional or permanent housing support, detox programs, shelters, and other supportive programs (Warren et al., 2016). These partnerships are important, as they assist in trying to serve people's underlying needs. However, it is understood among the staff that most patients brought into the sobering center are not interested in decreasing their alcohol use. The reality is that patients are brought in because they are intoxicated, not because they are seeking assistance (Smith-Bernardin et al., 2019). Regardless, social services are still offered to the patient once they are coherent and ready for discharge, without pressure for them to comply. Before being released, most centers tend to assess the patient's capacity for self-care as a standard indication of a safe discharge by making sure they are able to walk, they have a plan for after discharge, and can perform hygienic needs on their own (Warren et al., 2016). Some centers have patients complete discharge exams, like a breathalyzer or vital sign readings, to determine if they are ready to be discharged. A majority of the centers reported their patients being released to self-care. San Francisco's sobering center had almost 90% of their clients be either released to self-care or to a substance abuse facility (Smith-Bernardin et al., 2019).

The goals of the center varied by the intentions of their stakeholders. Warren et al. (2016) found that sobering centers tend to focus on one of three main programmatic purposes: jail diversion, emergency department diversion, and homelessness and social welfare practices. Many of the sobering centers have components of all three goals. While none of the sobering centers reviewed for this report focused on homelessness and social welfare, some centers may have arisen from homeless shelters or are closely affiliated with homeless services (Warren et al., 2016). All centers incorporated social service programs to help their patients, if needed. Hospitals, local governments, police departments, and homeless services combined their efforts to provide a value-based service that crosses traditional medical and social service boundaries (Warren et al., 2016). The centers that have a jail diversion goal tend to focus on reducing jail overpopulation, reduce public intoxication arrests, and help those with substance abuse issues, such as the Houston Recovery Center (Jarvis et al., 2016). When the center first opened, it only admitted patients brought in by a special task force from the Houston Police Department. A few months afterwards, it opened to admissions by any Houston Police Department officer. Eventually, all law enforcement agencies could make referrals and community members could walk-in for assistance (Jarvis et al., 2016).

Centers that have an emergency department diversion goal tend to focus on improving emergency department utilization and centralize treatment and referral resources (Smith-Bernardin et al., 2019). The San Francisco Sobering Center falls into this category and is operated by the Department of Public Health. This center developed a way to share patient information across the city. At the San Francisco Sobering Center, all patient encounters are entered into the coordinated case management system (CCMS) in real time during a visit, and each entry includes demographics, admission and discharge details, and staff notes relevant to the encounter (Smith-Bernardin et al., 2017). This helps healthcare providers keep track of patients' visits, previous care plans, and medications the patient is currently on or has previously taken. In addition to Sobering Center visit information, the database includes subject-level information for all users of city-funded health and social services throughout San Francisco (Smith-Bernardin et al., 2017). This ability to transfer intoxicated individuals to dedicated sobering services allows emergency room departments to focus on other high-need individuals (Warren et al., 2016).

The funding for the centers also varied. In most cases, centers surveyed in the study conducted by Warren et al. (2016) were all, at least partially, publicly funded by city or county

funding when there was a city or county-funded hospital. The centers can also be funded through local police departments and grants from HUD or other governmental agencies. Houston's sobering center was funded by the city on a \$1.64 million-dollar budget, but the Partners in Recovery Program portion is now being transitioned to private funding with an \$800,000 annual budget (Jarvis et al., 2019). The McMillian Stabilization Program, also known as the San Francisco Sobering Center, is a collaborative program with the Department of Public Health and the Community Access & Treatment Services 501c3, which is an unlicensed facility supported through the City and County of San Francisco General Fund (Smith-Bernardin et al., 2017). The sobering centers surveyed by Warren et al. (2016) had a range of annual budgets, ranging from \$363,000 to \$2 million.

### ***Outcomes***

Although a majority of clients had only one visit to the sobering center, a smaller number of individuals accounted for a majority of the total encounters (Smith-Bernardin et al., 2017). This means that a few individuals are repeatedly using these facilities, which is a common finding across sobering centers. San Francisco's sobering center found that a significant number of clients with recurrent use were suffering from medical comorbidities, high rates of co-occurring drug abuse and mental illness, and significant histories of homelessness (Smith-Bernardin et al., 2017). Sobering centers seem to offer help for multiple issues in one safe, easily accessible location. One study found a significant decrease in health care dollars after initiation of a police diversion program, but no study has performed a cost-benefit analysis on sobering centers yet (Warren et al., 2016). Houston, Texas has several sobering centers and seems to have found great success with their operations. One of Houston's sobering centers, created in 2010, found a 95% decrease in jail admissions for public intoxication from 2012 to 2017 (Jarvis et al., 2019). Weltage et al. (2016) evaluated another sobering center created by a Houston-area police department in 2013. The authors found, in the first 20 months of operation, the City realized an estimated net positive fiscal impact of \$2.9 million. This estimate includes facility start-up, operational and lease costs. For the first year of operation, between April 2013 and April 2014, the sobering center also received 5,659 diversions (Weltage et al., 2016). In conclusion, Houston found that urban jail diversion for inebriates in police custody for public intoxication to a sobering center resulted in a significant drop in police arrests for public intoxication and substantial positive fiscal impact for the City

(Weltage et al., 2016). The research gathered gives support to positive outcomes in the community after creation of the sobering center.

There has been little to no formal evaluation of the outcomes or cost effectiveness of sobering center-based care compared to the emergency department for the care of the acutely intoxicated (Smith-Bernardin et al., 2017). Many sobering centers have been releasing information regarding their cost savings; however, there is little to no detail of how they calculated these numbers. Currently, sobering centers do not charge for their services, so it is unclear if there is a way to track their actual spending on care per person. Smith-Bernardin (2019) discovered this problem while trying to evaluate the cost of care for an acutely intoxicated person at the San Francisco General Emergency Department vs. the San Francisco Sobering Center. Sobering centers only provide one service, which is to treat people who have acute intoxication. Smith-Bernardin (2019) determined that the average per-encounter cost for the Sobering Center is the total of all costs to run the program for one fiscal year, including staffing, rent, utilities, supplies, equipment, maintenance, divided by the number of total encounters in that fiscal year. She then compared the average sobering center cost to the actual cost for patients seen in the San Francisco Emergency Department. She found the sobering center was significantly less costly than the emergency department for care of acute intoxication, at \$274 versus \$517, respectively (Smith-Bernardin, 2019). In the future, although sobering center services are free, tracking real dollar amounts for the cost of each sobering center patient would be useful. With this information, more accurate comparisons can be made in terms of cost and demographic information.

The focus of the evaluation will also depend on the goal of the center. For medical diversion centers, evaluations should focus on decreasing emergency room visits for acute alcohol problems, comparative cost savings with emergency room visits, and long-term change in patients as far as improvements in alcohol addiction and decreasing sobering center visits. Jail diversion-focused programs should evaluate differences in crime and arrest rates related to public intoxication, disorderly conduct, public urination, sleeping in public, or other offenses frequently related to alcohol use. These evaluations should also note changes in other types of crime to determine if the sobering center may be a correlating factor. Lastly, they could look at the amount of time spent on public intoxication crimes and determine how much time is saved with this new policy.

As there is no federal law that applies to intoxication, states are allowed to deal with the issue individually. Public intoxication is a misdemeanor offense in many states and not an offense

in other states (Warren et al., 2016). Currently, public intoxication is a misdemeanor in Georgia. In Rhode Island, officers have the discretion to take people into protective custody for “incapacitation by alcohol.” It is not considered an arrest, and the person is not charged, per RI Gen L § 23-1.10-10 (2013). Additionally, although states may create legislation, different municipalities may enforce the laws differently (Warren et al., 2016). There appears to be a multitude of ways to apply policy to support these programs. When Houston created their sobering center, they developed a new diversion policy which allowed officers to use community options to manage public intoxication (Jarvis et al., 2016).

### ***Recommendation***

Sobering centers may present a cost-effective and safe solution to caring for people who are publicly intoxicated (Croll, 2018). It is important to understand that sobering centers are not intended to be treatment or rehabilitation facilities for alcohol use disorders, although they are considered one of the ways an individual can be referred to treatment if desired (Smith-Bernardin et al., 2017). The staff of these sobering centers have learned that, no matter how frustrating or unhealthy it is for the individual, every person must come to his or her own decisions, at his or her own time (Smith-Bernardin et al., 2019). Sobering centers appear to be a good way to give people the individual treatment they need to overcome their addiction in a setting that might be less costly, but with the same high-quality care.

As sobering centers are still new, some important research questions need to be addressed. Does the operation of a sobering center affect the number of inebriated individuals police are interacting with and detaining? A common concern regarding sobering centers is fear of increased drunkenness among people in the community. A study should be completed to explore these concerns. Additionally, can the presence of a sobering center decrease the number of DUI’s in a specific area? There is also the question of safety within the centers. No research reviewed for this report commented on crimes that might happen within the sobering center, like assaults or thefts. It is also unclear what happens to individuals who are under the legal age to drink and are brought into the center for treatment. Are they arrested, cited, or detained after receiving treatment?

A more comprehensive cost analysis of sobering centers should be completed to justify the claim that sobering centers save money. While some individual centers have released their cost savings, many sobering centers have not. One reason for this lack of information could be related to data collection, so enough information should be provided by the sobering centers to ensure that



an analysis of costs and savings can be completed. It is clear that sobering centers are making a positive impact in their communities, but the range of this impact should be further explored.

### **Transitional Housing**

There are two types of housing methods used to combat homelessness, transitional housing and Housing First. Transitional housing programs evolved to help families who were unable to secure stable housing on their own. These families required more assistance to cope with trauma, overcome mental health or substance problems, and develop job skills, among other needs (Shinn et al., 2017). Transitional housing was a mainstay of the homelessness assistance system, with more than 200,000 beds nationwide, including both individuals and families. This number reflects only slightly fewer beds than the number in emergency shelters (Shinn et al., 2017). The concept of transitional housing has a long history in the fields of mental health and corrections, predating its application to the homelessness by decades (Burt, 2006). Around the 1980s, the rates of homelessness began increasing, so programs that specifically linked housing to services were designed to promote economic self-sufficiency (Fischer, 2006). Policymakers enacted the 1987 Stewart B. McKinney Homeless Assistance Act, which provided funds for Continuum of Care Housing programs (Stanhope and Dunn, 2011). Through this legislation, cities throughout the United States began to erect transitional housing programs as a method to decrease the homeless population. Burt (2005) surveyed over fifty transitional housing programs to explore the similarities and differences between each city's program. She found four common configurations for transitional housing, described below:

They can be "single-site," with one program facility dedicated to transitional housing and containing all the units that families in the program occupy. They can be "scattered-site," with families living in apartments in whatever area or neighborhood they can find a place to stay, and with supportive services being offered either at a central program location, at their own home, or both. Some programs are "clustered-scattered," with the program controlling a number of multi-unit buildings, usually of two to six units, on different blocks or in different neighborhoods, in which it houses families. A fourth type may be described as "mixed-use," in which the program has access to a specific number of

units (and not always the same ones) within a larger apartment complex, where other units are occupied by either subsidized or market-rate tenants (Burt, 2005, p.12).

Regardless of the configuration, transitional housing programs generally share the same eligibility requirements. Every program requires that families have a poor rental history and multiple evictions, while a majority of the programs also require participants to meet the definition of homelessness, be 18 and older, currently clean and sober, and able to participate in developing and carrying out a treatment plan (Burt, 2006). Some programs also have eligibility requirements that restrict the number, age, and gender of children allowed in the homes (Burt, 2006).

According to rules set forth by HUD, participants are only allowed to stay a max of 24 months in transitional housing. However, a majority of participants only stay for a year. Transitional housing programs require their participants to continually meet certain conditions in order to keep their housing. This includes active enrollment in a mental or substance abuse treatment program, staying sober, being able and willing to work, paying a set percentage of income as rent, adhering to rules of the housing program, and other rules as determined by the program (Srebnik et al., 2013; Bart, 2016; Shinn et al., 2017). Two nearly universal core services provided to participants are case managers and budget management (Bart, 2016). Other services include job training, conflict resolution, job placement assistance, legal services, and childcare options. Depending on the size of the transitional housing program, some of the services are offered on-site, while others may consist of referrals to outside resources.

### ***Outcomes***

There has not been much research on the long-term effects of transitional housing programs. One reason for this is because it is hard to track down families once they leave transitional housing. That makes it hard to determine if they were able to find stable permanent housing after leaving the program. Of the research found, there are a few areas of concern. One concern is the acceptance rate into transitional housing programs. Bart (2016) found that only about 25 percent of transitional housing programs actually review all referrals sent to them for eligibility screening. She also notes that this figure could be skewed because some programs only accept prescreened applications from emergency shelters that they were already likely to accept. At the other extreme, about twice as many programs, or 47 percent, accept only one-third of referrals or less, 16 percent accept about three in every four referrals, and 12 percent of programs

accept about half of the referrals from families who seek to participate (Bart, 2016). It seems that during the prescreening process for transitional housing programs, a lot of the applicants are being disqualified. Reasons for disqualification could include incomplete applications, missing eligibility requirements for that specific program, unit unavailability at the time, and family characteristics like having too many children (Bart, 2016). Across shelters, and the transitional housing and long-term subsidy interventions, programs frequently required the separation of families who wanted to stay together. This occurred most often because men were not permitted in congregate programs, but also because some family members were excluded from housing based on their criminal backgrounds. For example, seventy-two percent of housing programs will reject people with a sex offender criminal record (Shinn et al., 2017; Bart, 2016). This data suggests that an all-inclusive solution to helping people experiencing homelessness is needed. Another concern is the strict adherence to the conditions set by the specific housing program. Conditions such as staying sober and mandatory participation in a treatment program can systematically create barriers for participants (Srebnik et al., 2013).

### **Housing First Approach**

In the early 1990s, a clinical psychologist named Sam Tsemberis created a new method for combating homelessness called the Pathways Housing First model, which he started in New York. Tsemberis credits his Greek background to contributing to his belief that housing is a fundamental right for all people, including people with mental illness (Tsemberis, 2011). This model is a recovery-oriented service that provides a home for a person, offering participants dignity and hope (Tsemberis, 2011). The Housing First approach is different from transitional housing in that it is a low-barrier approach that removes requirements for treatment and abstinence. This program more readily retains individuals who are challenging to serve (Srebnik et al., 2013). The goal of the program is to provide individuals experiencing homelessness with permanent housing. Participants have to agree to pay rent and bills with their benefits, while other funds may come from HUD vouchers for housing, Medicaid reimbursement for Assertive Community Treatment Services, and supplemental state and local funds (Stanhope & Dunn, 2011). Housing First still provides some type of community engagement, such as alcohol, substance, and mental health treatment, but community engagement or treatment is not required for the tenants to

participate. Instead, these programs focus on correcting habits that would negatively affect their ability to stay in the community (Srebnik et al., 2013).

People experiencing long-term homelessness who are suffering from mental illnesses are categorized as the “chronically” homeless, which was defined specifically as “as an individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility” (U.S. Department of Housing and Urban Development, 2015, p. 75792). The Housing First approach was designed to assist this target population. A series of landmark studies that identified the service use patterns of this subgroup demonstrated that chronic users of shelters, while only representing 11% of shelter users, accounted for 50% of the total shelter use. (Kuhn & Culhane, 1998).

The basic eligibility requirements are that participants must be considered long-term homeless, have a severe mental illness, and show interest in taking part in the program. This interest may not be present initially, but over time (Tsemberis, 2011). In order to stay in their housing, programs tend to require tenants to pay 30 percent of their income for rent and require consistent meetings with a case manager (Tsemberis, 2011; Srebnik et al., 2013). This model emphasizes participants being good tenants and employs interventions that target behaviors negatively affecting the ability to remain in the community (Srebnik et al., 2013). The Housing First ideology focuses on being flexible with the participants to help promote a more successful outcome. It recognizes that participants can be at different stages of recovery and that effective interventions should be individually tailored to each participant's stage (Tsemberis et al., 2004). For this reason, case manager and participant interactions are very important. One tool case managers can use to help participants is to conduct home visits. This provides an opportunity for staff to observe the kind of assistance the client may require to maintain their apartment (Tsemberis, 2011).

### ***Outcomes***

Under the Housing First model, studies have shown significant reductions in the use of emergency services, hospital services, and other high-cost services/settings such as detoxification, sobering centers, and jail (Srebnik et al., 2013). Srebnik et al. (2013) conducted a study focusing on individuals who meet the federal definition of chronic homelessness and have a serious medical

condition in Seattle, Washington. The participants had a high number of inpatient claims or a high use of sobering centers. In order to participate in the survey, participants had to be 18, meet the federal definition of chronically homeless, and be referred from either the Seattle-King County public health homeless outreach team with 60 or more stays at a sobering center or from a medical respite with \$10,000 inpatient paid claims within the prior year (Srebnik et al., 2013). Both the control and variable groups had to meet these requirements to be included in the study, but no women consented to be a part of this program due to the small population size of applicable women. The purpose of the study was to compare changes in service uses, such as sobering centers and emergency rooms between those enrolled in a Housing First model and those who were not. The results of the study showed that emergency department use dropped 74% for Housing First participants the year after entering the program, compared to a 26% decrease for the comparison group (Srebnik et al., 2013). They also reported a 93% decrease in sobering center usage among program participants, but no decrease in the comparison group. The inpatient admission rate decreased by 74% for program participants and 48% for the control group (Srebnik et al., 2013).

The New York Housing Study (NYHS) did a 4-year study comparing different housing programs for individuals experiencing homelessness. They randomly assigned 225 homeless and mentally ill persons in New York City to the Pathways to Housing or to linear programs. After five years, 88% of Housing First tenants were stably housed, compared with only 47% of the participants in the linear programs (Tsemberis & Eisenberg, 2000). Additionally, HUD published the outcomes of a three-city, 12-month study of Housing First programs, one of which was Pathways to Housing. They reported an 84% housing retention rate for 12 months, with 43% of individuals spending the entire year in program housing and 41% experiencing at least one departure but returning to the program (U.S. Department of Housing & Urban Development, 2007). Other studies have been conducted and reached the same supportive conclusions as these two examples.

The majority of funding for federal research has supported determining what works for the long-term homeless with serious disabilities (Burt, 1997). However, families experiencing homelessness are not a homogeneous group; in some cases, all they have in common is that they are homeless (Winship, 2001). People who are experiencing homelessness do not always have disabilities, and many homeless prevention programs exclude this population. A recent study demonstrated that people with substance abuse disorders without mental health treatment histories

generate fewer service costs than those with mental health treatment histories, leading the researchers to conclude this group needs less intense services and fewer subsidies (Poulin et al., 2010). Regardless, resource availability should be provided to all who are experiencing homelessness.

Schorr (1996) states that in order to evaluate the effectiveness of a program, the program staff needs to start with a theory of change, concepts that explain the process through which outcomes emerge, and by which a program is successful. The programs would need to be theory-driven with a clear measurable goal. Winship (2001) found that using a logic model, a theoretical description of how a program works, so that there are benefits to the participants, was a common way to help map a theory-based intervention. Burt (2016) asked the sample what was considered a successful outcome for their families, and transitional housing providers usually gave minor variations on stable housing, income, and employment. The goal of transitional housing is to help the participants transition into a permanent productive space in society. Therefore, the evaluation of this program should center around the participants accomplishing this goal. Programs that receive HUD funding have a responsibility to offer follow-up services to families once they leave. This follow-up service is often used to track their former participants. The length of the follow-up programs varies, with some programs completing their follow up the first 1 to 3 months, and others going as far out as 24 months after leaving (Burt, 2016). Even with adequate funding, there are problems locating or staying in touch with participants that have received housing services. Some housing programs offer free services after program departure, which can be used as an incentive for participants to stay in touch. However, some participants move from the area after program completion or do not have the means, such as phones or modes of transportation, to stay in contact with the site (Winship, 2001). The lack of published studies on the effectiveness of strategies used to help homeless families achieve housing stability is a barrier in designing evaluation models (Winship, 2001). A few studies have been completed to study the effectiveness of strategies used, but overall more work still needs to be done.

Housing First evaluation research focuses on the effectiveness of the program communicated largely in terms of residential stability, cost savings, and consumer choice (Stanhope and Dunn, 2011). Successful participant outcomes could mean focusing on a decrease in high-cost services from a certain group of people, like the Washington study, or witnessing an increase in residency stabilization, like the New York study. Rhode Island completed an evaluation

of their Housing First program in 2008 using personal interviews. The interview included demographic questions, scales to evaluate health, mental health, social interaction patterns, income levels, work histories, use of publicly funded facilities such as hospitals, mental health facilities, jails and prisons (Hirsch et al., 2008). They also completed a follow-up interview 6 months after the initial interview to see if there was a difference in any of these categories.

### ***Recommendation***

Atlanta is no stranger to transitional housing programs. In 1991, the Family Development Center was established to house young single mothers experiencing homelessness with children under the age of 12 months (Fischer, 2005). The program is still running to this day and has opened its services to male youth experiencing homelessness as well. Atlanta also has a few programs that implement a Housing First approach to homelessness, like HOPE Atlanta and Housing First. Based on the research, investing in more transitional and Housing First options could significantly decrease homelessness in Atlanta. Since this report is focused on helping those who were previously booked into the ACDC, more information is needed on their housing status. It is unclear how many offenders booked into the ACDC do not have housing available once they are released. Does this population have disabilities, mental health or behavioral health issues, are they able to work, do they have families, or are they single? What offenses result in arrest for individuals experiencing homelessness? The answers to these questions would provide information about the housing needs of ACDC detainees.

The housing programs in place now may not have enough space to house those who need services. This may be addressed by improved affordable, low-income housing, and rejection of “not-in-my-back-yard” (NIMBY) efforts to block such housing units or corollary health care facilities (Hodge et al., 2017). To help combat the lack of available housing, Atlanta’s Chief Housing Officer has been leading the charge to create over 20,000 mixed-income homes over the next 8 to 10 years (Trubey, 2018). Atlanta also has an inclusionary zone ordinance which requires builders of new units to either make 10% of their units available to people whose incomes are at or below 60% of the area median income (AMI), make 15% of their units available to people whose incomes are at or below 80% of the AMI, or pay a one-time fee, to be paid at 15% of AMI, per unit in the sub-area that the developer has chosen to opt-out of, in-lieu of setting aside affordable units (Department of City Planning, 2018). The City of Atlanta has already recognized

its need for more affordable housing and has been making a conscious effort to address this problem.

### **Supervised Injection Sites**

Supervised Injection Sites (SIS) are referred to by many names, including Supervised Consumption Sites and Safe Injection Sites. There are approximately 120 of these facilities operating globally, with most of them in Europe (Drug Policy Alliance, n.d) They have been implemented in Canada, Australia, and Europe for several decades. These facilities “allow people to consume pre-obtained drugs under the supervision of trained staff and are designed to reduce the health and public order issues often associated with public drug consumption” (Drug Policy Alliance, n.d.). There is some misperception about the purpose of these centers. They do not provide drugs or allow for the sale of drugs on the premises, and staff do not touch the drugs. These facilities do provide safe equipment for the consumption of drugs to reduce the risk of behaviors like needle-sharing. These sites operate under the goal of harm reduction, that is, to decrease the negative consequences of substance use. There is some public opposition to these facilities due to fear of increased drug use, increase in drug-related crimes, and that these facilities are violating federal drug laws.

### ***Outcomes***

There are many measurable outcomes related to SIS, including fewer overdose deaths, fewer ambulance rides associated with drug use and overdose, fewer drug-related hospitalizations, decreased costs and strain on the healthcare system, and less publicly discarded drug paraphernalia. A literature review in 2014 evaluated 75 articles and found that overwhelmingly, SIS are associated with positive outcomes such as increased condom usage, decrease in likelihood of needle sharing, increased access to healthcare, decrease in publicly discarded paraphernalia, decreased public injections, fewer overdose deaths, and fewer new HIV infections (Potier et al., 2014). Despite public concern, SIS are not associated with increases in drug injecting, drug trafficking, or other crime in the area near the SIS (Potier et al., 2014). Two studies found that over a period of 10 years, there were no increases in drug-related crimes in the areas near SIS (Freeman et al., 2005; Fitzgerald et al., 2010). Such crimes evaluated were theft, robbery, drug-related loitering, drug use, and drug supply offenses.



Another measurable outcome of interest is that of cost savings for the healthcare system. Bayoumi and Zaric (2008) conducted an estimated cost-analysis of Vancouver's SIS by using data of regular users and simulated results for a 10-year span. There were three interventions they used as an assumption based on prior extensive research of Safe Injection Sites. These interventions were reduced needle-sharing, increase in safe injection practices, and increased referral to methadone maintenance treatment. The outcomes they measured were HIV and Hepatitis C-related costs. They estimated that "incremental net savings was more than \$18 million and the number of life-years gained 1175" (Bayoumi & Zaric, 2008). While SIS have only been evaluated abroad in countries that have relatively progressive agendas for addressing drug use, public opinion in the areas surrounding SIS remain positive. A survey of public opinion in Sydney found that 70% of the local residents and 58% of the companies located near the SIS were in favor of the SIS (Thein et al., 2005).

In response to the opioid epidemic and extra attention problematic drug use has received in the last few years, several cities proposed opening Supervised Injection Sites, but failed to do so because of legal battles and community concern (Drug Policy Alliance, n.d.). The legal battles stem from the idea that these facilities allow "in-your-face illegal drug activity" and therefore shouldn't be allowed to operate. Philadelphia was set to open the first Supervised Injection Site, called Safehouse, in the United States in February of this year. After years of legal battles, plans were halted when the building's owner decided to back out of the lease and those with Safehouse wanted to address community concerns (Andone & del Valle, 2020). Philadelphia was an ideal city for such a site, as it has seen an exponential increase of overdoses since 2000 concurrent with the increased sale of pharmaceutical opioids (City of Philadelphia, Department of Public Health, 2020). Additionally, the number of hospitalizations related to opioid use, cases of Hepatitis C, and cases of neonatal abstinence syndrome (NAS) have increased concurrently with the number of opioid overdoses. "In 2002, there were 3.09 cases of neonatal abstinence syndrome for every 1,000 live born hospital births, and by 2018, this rate had increased to 13.75 per every 1,000 live born hospital births" (City of Philadelphia, Department of Public Health, 2020). Since 2017 the overdose rate decreased, which the city attributes to the widespread distribution of naloxone, the overdose reversal drug. City officials think that Safehouse could save up to 76 lives per year (Allyn & Winberg, 2020).

Safehouse is a 501(c)(3) nonprofit, who according to its website, has a mission to “save lives by providing a range of overdose prevention services” (Safehouse, n.d.). Safehouse sees itself as one component of the effort to address the opioid crisis. In addition to providing consumption rooms monitored by medical staff, “additional services would include on-site initiation of Medically Assisted Treatment (MAT), recovery counseling, education about substance use treatment, basic medical services, and referrals to support services such as housing, public benefits, and legal services” (Safehouse, n.d.). Participants who want to use the services provided by Safehouse would receive a physical and behavioral health assessment when they first register. They would also be presented with different treatment and rehabilitation options at multiple points during their visit, beginning during registration. Next, a participant would have the choice to go to the consumption room or directly to an observation room for treatment resources. When they leave the facility, treatment resources would be provided as an option again and they will be distributed naloxone. Safehouse was committed to gathering such data as: “client demographics, needs assessments, utilization, and referrals for treatment” (Safehouse, n.d.). Additionally, evaluations of the impact of social services on drug overdoses would be conducted, though there is not much detail of this.

There was also a push to open Supervised Injection Sites in Seattle that stalled. These would be the nation’s first taxpayer-funded sites. Despite having the money set aside and the weight of city officials behind it, a suitable location was never found. Additionally, a U.S. attorney in Seattle also said he wouldn’t allow any such site to open (Markovich, 2019). The Mayor of Seattle claimed that they were waiting to see what the outcome of Safehouse in Philadelphia was before moving forward, but there have been no updates in two years.

### ***Recommendation***

The evidence suggests that SIS are associated with beneficial public health outcomes, but community support is essential for success of these programs. Georgia might look to opening one of these sites in the future, as it is not immune to the ongoing opioid crisis. In 2018, drug and opioid-involved deaths in Georgia declined slightly to 866, but prescriptions for opioids remains high. “In 2018, Georgia providers wrote 63.2 opioid prescriptions for every 100 persons, compared to the average U.S. rate of 51.4 prescriptions” (National Institute on Drug Abuse, n.d.).

## **VI. Conclusion.**

Although decriminalization efforts are not new, more states are beginning to review their laws and policies to move toward appropriate and proportional responses to issues of public order and safety. Low-level offenses can overburden police, court dockets, public defender's offices, prosecutor's offices, and jails. A handful of low-level offenses appear to account for the majority of charges, particularly for those detained at the ACDC, where eight of the top ten state charges involved traffic violations, according to the Policy Workgroup progress report. Across the United States, new solutions are being implemented and evaluated to find alternative ways to hold people accountable and ensure that individuals whose crimes are related to their status, such as homelessness and poverty, have their needs met.

The first way jurisdictions have addressed the burdens associated with enforcement of low-level offenses is through decriminalization efforts. This may be accomplished through legalization, moving the offense from a criminal to civil violation, or removing jailtime as a possible punishment. Jurisdictions across the United States have also turned to diversion programs to address concerns about the criminal justice system's "revolving door," and the human and financial costs associated with it. The use of driver's license suspensions as a punishment has been replaced with diversion and relicensing programs. Jurisdictions are beginning to address public order crimes by acknowledging the root causes of many of these issues. Individuals experiencing homelessness and addiction are provided the option of treatment and social services instead of jail. These methods, while understudied, show promising results.

Jurisdictions across the United States have also begun changing their pre- and post-arrest practices. More citations are being issued for offenses that used to result in arrest and detainment. Officers are also being given the flexibility to drop off individuals at treatment areas like sobering centers, rather than having to take them to hospitals or jails. Specialty court diversion programs allow individuals to receive services that specialize in their personal circumstances, like drug, mental health, and community courts. Flexible options like payment plans, community service, online adjudication, and fines based on an individual's ability to pay allow individuals to address their charges without the risk of jail time.

Our research has led us to support the Reimagining ACDC Task Force Policy Workgroup recommendations, with recognition of the multi-layered complexities related to implementing these recommendations, including budget considerations, jurisdictional authorities, operational

considerations, and the impact of COVID-19. Our research suggests actions made in response to the Policy Workgroup recommendations may substantially benefit individuals experiencing homelessness, who may be disproportionately affected by the criminalization of park rules and public space violations. Additionally, the Policy Workgroup recommends that traffic violations that do not present immediate public safety concerns be converted to civil violations, following the lead of many other states. Importantly, in order to remediate individual costs associated with decriminalization, the Task Force recommends that the City of Atlanta Public Defender's Office represent individuals accused of civil violations. With little risk to public safety, jurisdictions have been able to address the causes of criminal behavior without the harsh collateral consequences associated with arrest and criminal convictions. With additional research and careful implementation to ensure best practices are met, these strategies could improve criminal justice system functions and legitimacy, benefit the community of Atlanta, and substantially reduce the need for the city jail.

## Appendix

### Criteria for paramedic triage to the San Francisco Sobering Center

#### 1. DESTINATION INCLUSION CRITERIA

- a. Sobering Services: Intoxicated patients with no acute medical condition(s) or co-existing medical complaints may be transported to the San Francisco Sobering Center, if the patient meets the following criteria:
  - i. Be at least 18 years or older;
  - ii. Found on street / in a shelter or in Police Department custody;
- b. Voluntarily consent or have presumed consent (when not oriented enough to give verbal consent) to go to the Sobering Center;
- c. Not be on the San Francisco Sobering Center "Exclusion List."\*
- d. Be medically appropriate by meeting ALL of the following criteria:
  - i. Indication of alcohol intoxication (odor of alcoholic beverages on breath, bottle found on person);
  - ii. Glasgow Coma Score of 13 or greater;
  - iii. Pulse rate greater than 60 and less than 120;
  - iv. Systolic blood pressure greater than 90;
  - v. Diastolic blood pressure less than 110;
  - vi. Respiratory rate greater than 12 and less than 24;
  - vii. Oxygen saturation greater than 89%;
  - viii. Blood glucose level greater than 60 and less than 250;
  - ix. No active bleeding;
  - x. No bruising or hematoma above clavicles;
  - xi. No active seizure; and,
  - xii. No laceration that has not been treated.

*\*Exclusion List: Periodically, a client may be deemed inappropriate by sobering center staff for use of the sobering center for a fixed amount of time. The client is then placed temporarily on an exclusion list. The most common reasons for placement on the exclusion list are physical violence against staff or other clients and repeated inability to care for basic needs and activities of daily living once sober. There are typically 3 to 8 persons on this list at any one time.*

Figure 1. Criteria for paramedic triage to the San Francisco Sobering Center. Reprinted from *EMS Can Safely Transport Intoxicated Patients to a Sobering Center*, by S. Smith-Bernardin, M. Kennel, and C. Yeh, 2019. *Emergency Medical Services/Original Research*, 74(1), 112–118. Retrieved from <https://www.sciencedirect.com/science/article/pii/S0196064419301064>. Copyright 2019 by the American College of Emergency Physicians.

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